

# BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3							53				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			↑	↓			TOTAL IND.				
TOTAL DEP.			→	←			TOTAL DEP.				
TOTAL CLAIMS	2						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS